ATTORNEY DOCKET NO.: P-10076 Express Mail US 799 065 984 US

<u>PATENT</u>

Total Pages

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NA	AMED INV	ENTOR OR APPLICATION IDENTIFIER: Robinson et al. AME AND STRIP MOLDING FOR CONTACT CONNECTORS IN IMPLANTABLE MEDICAL DEVICES
BOX PAT	sioner for F FENT APP ton, D.C. 2	LICATION
x	Sir:	We are transmitting herewith the attached:
X	Specific	T. T
	_	Total pages: 18 (including claims and abstract: Spec. 11 sheets; Claims 6 sheets; Abstract 1
X	Drawing	gs: Total sheets: 16
18 18 18 18 18 18 18 18 18 18 18 18 18 1		formal informal
X	Combin	ed Declaration and Power of Attorney: UNEXECUTED
a H Hen dalia ^{ma} l	H	newly executed copy from prior application
100 miles		Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b)
State of Sta		Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or
E.		declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
Ē _{ra} L	Accomi	panying application parts:
X		Notification of filing a
4000 AUTO		Assignment of the Invention to Medtronic, Inc. Assignment cover sheet
		Information Disclosure Statement
in h	H	PTO Form 1449 Copies of IDS citations
		Preliminary Amendment A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
	X	Return Postcard
IF A CO	NTINUIN	IG APPLICATION:
		Continuation
		Amend the specification by inserting before the first line the sentence: This application is a continuation of application number, filed
		Cancel in this application original claimsof the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)
		The prior application is assigned of record to Medtronic, Inc.
		The Power of Attorney in the prior application is to:

	This application claims the benefit of U.S. Provisional Application(s) Serial No.(s), filed							
X	Address all future correspondence to:	Girma Wolde-Michael, Reg. No. 36,724 Medtronic, Inc., MS 301 7000 Central Avenue NE Minneapolis, Minnesota 55432 Telephone: (763)514-6402						

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee		No. of Extra Claims	Rate	Fee
Total Claims	39	20	=	19	x 18	342
Independent Claims	5	3	=	2	x 84	168
Multiple Dependent Claims	0				+ 270	0
Basic Filing Fee						\$740.00
				···	TOTAL	1250

Charge Deposit Account No. 13-2546 the sum of \$1250.00 (Filing Fee) and for a total of \$1250.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

The sent that the state of the

Girma Wolde-Michael, Reg. No. 36,724 MEDTRONIC, INC. 7000 Central According

7000 Central Avenue N.E. Minneapolis, Minnesota 55432 Telephone: (763) 514-6402